| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  09/57662/ |  |                          |              |                          |                |                                    |                                      |                |                   |           |                        |            |                    |                        |
|---|--|--------------------------|--------------|--------------------------|----------------|------------------------------------|--------------------------------------|----------------|-------------------|-----------|------------------------|------------|--------------------|------------------------|
| CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)                                      |  |                          |              |                          |                |                                    |                                      | -              | SMAL              |           | NTITY                  | OR         |                    | THAN<br>ENTITY         |
| FOR   |  |                          | NUMBER FILED |                          |                | NUMBER EXTRA                       |                                      |                | RATE              |           | FEE                    | 1          | RATE               | FEE                    |
| BASIC FEE   |  |                          |              |                          |                |                                    |                                      |                |                   |           | 345.00                 | OR         |                    | 690.00                 |
| TOTAL CLAIMS  |  |                          | 5 minus 20=  |                          |                | .0                                 |                                      |                | X\$ 9:            |           | •                      | OR         | X\$18=             |                        |
| INDEPENDENT CLAIMS  |  |                          | 3 minus 3 =  |                          |                | 10                                 |                                      |                | X39=              |           |                        | OR         | X78=               |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |                          |              |                          |                | N                                  |                                      |                | +130-             |           |                        | OR         | +260=              |                        |
| * If the difference in column 1 is less than zero, enter *0" in column 2            |  |                          |              |                          |                |                                    |                                      |                | TOTA              |           |                        | OR         | TOTAL              | 190                    |
| CLAIMS AS AMENDED - PART II OTHER THAN  |  |                          |              |                          |                |                                    |                                      |                |                   |           |                        |            | THAN               |                        |
| 3-  | -18-04 (Column 1) (Column 2) (Column 2)  |                          |              |                          |                |                                    |                                      |                | SMAL              | LE        | NTTTY                  | OR         | SMALL              | ENTITY                 |
| MENDMENT A  |  | REMAIN<br>AFTE<br>AMENDA | UNG R        |                          | PF             | NUMBER<br>NEVIOUSLY<br>PAID FOR.   | PRESENT<br>EXTRA                     |                | RATE              |           | ADDI-<br>TIONAL<br>FEE |            | RATE               | ADDI-<br>TIONAL<br>FEE |
| Ş   | Total  | . 8                      | м            | inus                     |                | 8                                  | +0                                   |                | X\$ 9=            |           |                        | OR         | X\$18∞             |                        |
| AME   | Independent  | <u>• 3</u>               |              | Minus · ••               |                | <u> </u>                           | -6                                   |                | X39=              | 7         |                        | OR         | X78=               |                        |
| H   | FIRST PRESENTATION OF MULTIPLE DEPE  |                          |              |                          | PENE           | ENT CLAIM                          | <u> </u>                             | ,              | +130=             | 1         |                        |            | +260=              |                        |
|   |  |                          |              |                          |                |                                    |                                      |                | 101/              | _1        |                        | OR         | TOTAL              |                        |
| 4-19-04 (Column 1) (Column 2) (Column 3)  |  |                          |              |                          |                |                                    |                                      | ADDIT. FE      | ΈL                |           | OR                     | ADDIT. FEE |                    |                        |
| 8   |  | CLAH                     | AS C         |                          | HIGH           | HIGHEST<br>NUMBER                  | PRESENT                              | 1              | Γ                 | T         | ADDI-                  |            |                    | ADDI-                  |
| AMENDMENT B   |  | AFTE<br>AMENDA           | Я            |                          | PF             | EVIOUSLY<br>PAID FOR               | EXTRA                                |                | RATE              |           | FEE                    |            | RATE               | TIONAL<br>FEE          |
| S S   | Total  | . 8                      | M            | inus                     | ••             | 8                                  | . 0                                  |                | X\$ 9=            | T         |                        | OR         | X\$18=             |                        |
| AME   | Independent  | . *                      | Minus        |                          | ••••           | 3                                  | •                                    | · 6            |                   | 1         |                        | OR         | X74=               | 8600                   |
| H   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                          |              |                          |                |                                    |                                      |                | +130=             | †         |                        |            | +260=              |                        |
| -   | 166/   | gmc                      | 1            |                          | ŀ              |                                    |                                      | L              | TOTA              | ╬         |                        | OR         | TOTAL              |                        |
|   | 100/   | -24                      | 705          |                          |                | -4                                 | 40.1                                 | 4              | ODIT. FE          |           |                        | OR ,       | ADDIT. FEE         |                        |
|   |  | (Colum                   | 48           |                          |                | olumn 2)<br>lighest                | (Column 3)                           | ) <sub>F</sub> |                   | _         |                        |            |                    | •                      |
| ENT C   |  | REMAIN<br>AFTE<br>AMENDA | R            |                          | PA             | ELIMBER<br>EVIOUSLY<br>VAID FOR    | PRESENT<br>EXTRA                     |                | RATE              |           | ADDI-<br>IONAL<br>FEE  |            | RATE               | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT C   | Total  | . 8                      | M            | nus                      | **             | 20                                 | • 🔿                                  |                | X\$ 9=            | 1         |                        | OR         | X\$18=             |                        |
|   | Independent  | • 4                      | Mi           | nus                      | 800            | def                                |                                      | ┟              | X39=              | $\dagger$ | 1/                     | ı          |                    | 1                      |
|   | FIRST PRESE  | NTATION                  | OF MULT      | IPLE DEF                 | PEND           | ENT CLAIM                          |                                      |                | V025              | +         | A-I                    | OR         | X78≖               | $-\chi$                |
| ١.,   | .  If the entry in column 1 is less than the entry in column 2, write "O" in column 3. |                          |              |                          |                |                                    |                                      |                |                   |           |                        | OR         | +260=              |                        |
| *   | If the "Highest No.<br>If the "Highest No.   | mber Previo              | usly Paid F  | for IN THE<br>For IN THE | S SPA<br>S SPA | CE is less that<br>CE is less that | n 20, enter "20."<br>n 3. enter "3." | ^              | TOTA<br>DOIT. FEI |           | أسيسيسي                |            | TOTAL<br>UDIT. FEE |                        |
| l '   | The "Highest Num   | iber Previou             | ssly Paid Fo | or (Total or             | Indep          | endent) is the                     | righest numbe                        | r fout         | nd in the a       | opri      | priate box             | to con     | mn t.              | i                      |

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**Application or Docket Number**